	•	Application or Docket Number									
F	PATENT A		ON FEE DI	08/663,618							
CLAIMS AS FILED - PART I (Column 1) (Column 2)						-	SMALL E	ŃTITY	OR _	OTHER SMALL E	THAN ENTITY
FOR		NUM	BER FILED NUMBER E		XTRA		RATE	FEE		RATE	FEE
BASIC	FEE							395.00	OR		790.00
TOTAL	. CLAIMS		34 minus	20 = *	14	×	\$11=	:	OR	x\$22=	
INDEF	PENDENT CLA	IMS	5 minus 3 = * O			:	x41=	82	OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT							135=		OR	+270=	
* If the difference in column 1 is less than zero, enter *0* in column 2							TOTAL		OR	TOTAL	
-											
		(Column 1)	S AMENDED	- PART II (Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	,	x\$11=		OR	x\$22=	
	Independent	•	Minus	***	=		x41=		OR	x82=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-	+135=		OR	+270=	
		(Column 1) (Column 2) (Column 3)					TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	grand for the gra	(Column 1)			(Column 5)				7	r	1
AMENDMENT B		REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE	i	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	•	Minus	***	=		x41=		OR	x82=	
$L^{d}$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)						TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
-		ir		T	7		<del></del>				
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	NG NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	* *	Minus	**	= -		x\$11=		OR	x\$22=	·
	Independen	t *	Minus	***	2		x41=		OR	x82=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	3.00
1 44 4	the entry in col		TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEI					
** If the Tilghest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  *** If the Tilghest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  *** If the Tilghest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  *** If the Tilghest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  *** If the Tilghest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  *** If the Tilghest Number Previously Paid For IN THIS SPACE is less than 20, enter "3."  *** ADDIT. FEE  *** The Tilghest Number Previously Paid For IN THIS SPACE is less than 20, enter "3."  *** ADDIT. FEE  *** The Tilghest Number Previously Paid For IN THIS SPACE is less than 20, enter "3."  *** ADDIT. FEE											CONTRACTOR OF THE PARTY OF THE

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1995 **CLAIMS AS FILED - PART I** OTHER THAN **SMALL ENTITY** SMALL ENTITY (Column 1) (Column 2) OR FOR **NUMBER FILED NUMBER EXTRA RATE** FEE RATE FEE **BASIC FEE** 375.00 750.00 OR **TOTAL CLAIMS** minus 20 = x\$11=x\$22=OR INDEPENDENT CLAIMS minus 3 = x39 =x78 =OR MULTIPLE DEPENDENT CLAIM PRESENT +125 =+250= OR If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) (Column 2) (Column 3) OR **SMALL ENTITY SMALL ENTITY CLAIMS** HIGHEST REMAINING **PRESENT** ADDI-ADDI-**NUMBER AMENDMENT AFTER** RATE **EXTRA TIONAL** RATE TIONAL **PREVIOUSLY** AMENDMENT PAID FOR FEE FEE **Total** Minus x\$11=x\$22=OR Independent Minus x39 =x78 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +125= +250= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-8 REMAINING **PRESENT NUMBER RATE** TIONAL RATE **TIONAL AFTER EXTRA AMENDMENT PREVIOUSLY** FEE AMENDMENT FEE PAID FOR Total Minus x\$11=x\$22=OR Independent Minus x39 =x78 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +125= OR +250= TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER **AFTER** RATE TIONAL RATE TIONAL MENDMENT **PREVIOUSLY EXTRA** AMENDMENT FEE FEE PAID FOR Total Minus x\$11=x\$22=OR Independent Minus x39 =OR x78≃ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +125= OR +250= \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. TOTAL OR ADDIT. FEE

in or Docket Number